

EXTERNAL DISCRIMINATION BETWEEN PACE PULSES AT DIFFERENT HEART LOCATIONS

CROSS REFERENCE TO RELATED APPLICATIONS

5 This patent application is related to U.S. Patent Application No. 09/516,533,
filed on March 1, 2000, now issued as U.S. Patent No. 6,477,404, entitled SYSTEM
AND METHOD FOR DETECTION OF PACING PULSES WITHIN ECG
SIGNALS, which is assigned to Cardiac Pacemakers, Inc., and which is
incorporated herein by reference in its entirety.

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TECHNICAL FIELD

This document relates generally to systems, devices, and methods using
external electrocardiograph (ECG) signals and particularly, but not by way of
limitation, to external discrimination between pace pulses

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BACKGROUND

Implantable medical devices include, among other things, cardiac rhythm
management (CRM) devices such as pacers, cardioverters, defibrillators, cardiac
resynchronization therapy (CRT) devices, as well as combination devices that
20 provide more than one of these therapy modalities to a subject. External
electrocardiograph (ECG) devices include, among other things, programmers (for
programming implantable medical devices), recorders, monitors, or any other device
capable of acquiring external ECG signals, such as by using external surface ECG
electrodes attached to a patient's skin. Such externally acquired ECG signals
25 typically include information about pacing pulses being delivered to the patient to
evoke heart contractions. However, external ECG devices typically cannot
independently distinguish between pacing pulses being delivered at different heart
locations.

BRIEF DESCRIPTION OF THE DRAWINGS

In the drawings, which are not necessarily drawn to scale, like numerals describe substantially similar components throughout the several views. Like numerals having different letter suffixes represent different instances of substantially similar components. The drawings illustrate generally, by way of example, but not by way of limitation, various embodiments discussed in the present document.

FIG. 1 is a schematic diagram illustrating generally one example of a configuration of electrodes associated with a human or other subject to receive signals, such as heart signals from the subject's heart.

FIG. 2 is a schematic diagram illustrating generally one example of an external device, such as a remote programmer for an implantable device, an ECG monitor, and/or an ECG recorder, or the like.

FIG. 3 is a flow chart illustrating generally one method of using the devices illustrated in FIGS. 1 – 2.

FIG. 4 is a schematic diagram, similar to FIG. 2, but including a depolarization detector circuit to assist in providing location assignments.

FIG. 5 is a flow chart of a method for assigning locations to pace pulses, such as by using polarity information and depolarization information.

FIG. 6 is a flow chart illustrating generally an example of a method for discriminating between pace pulses.

FIG. 7 is a flow chart illustrating generally one method of classifying pace pulses into distinct classes using characterizing information, and then computing location assignments for the distinct classes.

FIG. 8 is a flow chart illustrating generally, by way of example, but not by way of limitation, one method of discriminating between pace pulses—including for biventricular pacing.

DETAILED DESCRIPTION

In the following detailed description, reference is made to the accompanying drawings which form a part hereof, and in which is shown by way of illustration specific embodiments in which the invention may be practiced. These
5 embodiments, which are also referred to herein as “examples,” are described in sufficient detail to enable those skilled in the art to practice the invention, and it is to be understood that the embodiments may be combined, or that other embodiments may be utilized and that structural, logical and electrical changes may be made without departing from the scope of the present invention. The following detailed
10 description is, therefore, not to be taken in a limiting sense, and the scope of the present invention is defined by the appended claims and their equivalents.

In this document, the terms “a” or “an” are used, as is common in patent documents, to include one or more than one. In this document, the term “or” is used to refer to a nonexclusive or, unless otherwise indicated. Furthermore, all
15 publications, patents, and patent documents referred to in this document are incorporated by reference herein in their entirety, as though individually incorporated by reference. In the event of inconsistent usages between this documents and those documents so incorporated by reference, the usage in the incorporated reference(s) should be considered supplementary to that of this
20 document; for irreconcilable inconsistencies, the usage in this document controls.

FIG. 1 is a schematic diagram illustrating generally, by way of example, but not by way of limitation, one example of a configuration of electrodes **100A-C** associated with a human or other subject **102** to receive signals, such as heart signals from the subject’s heart **104**. FIG. 1 illustrates external electrodes **100A-C**,
25 such as surface ECG electrodes externally attached to the subject’s skin. In the relative arrangement illustrated in the example of FIG. 1, a first electrode **100A** is attached on or near the subject’s right arm, a second electrode **100B** is attached on or near the subject’s left arm, and a third electrode **100C** is attached below the heart **104**, such as on the subject’s thorax or on one of the subject’s legs.

In the example of FIG. 1, the first electrode **100A** is negative with respect to the second electrode **100B** and the third electrode **100C**. The second electrode **100B** is positive with respect to the first electrode **100A** and negative with respect to the third electrode **100C**. The third electrode **100C** is positive with respect to the first electrode **100A** and the second electrode **100B**. The electrodes **100A-C** define ECG vectors **106A-C**.

FIG. 1 also illustrates a J-shaped atrial bipolar intravascular pacing lead **108**. The lead **108**, which is located in a right atrium chamber of the heart **104**, includes a distal tip electrode and a slightly more proximal ring electrode. FIG. 1 includes electric field lines illustrating an electric field created by delivery of an atrial pace pulse between these ring and tip electrodes, using the tip electrode as a cathode and the ring electrode as an anode.

FIG. 1 also illustrates a ventricular bipolar intravascular pacing lead **110**. The lead **110** includes a distal tip electrode (near an apex of the right ventricle) and a slightly more proximal ring electrode. Electric field lines illustrate an electric field created by delivery of a ventricular pace pulse between these ring and tip electrodes, using the tip electrode as a cathode and the ring electrode as an anode.

FIG. 2 is a schematic diagram illustrating generally, by way of example, but not by way of limitation, one example of an external device **200**, such as a remote programmer for an implantable device, an ECG monitor, and/or an ECG recorder, or the like. The external device **200** includes a first input terminal **202A**, a second input terminal **202B**, and a third input terminal **202C**, which are respectively coupled to the first electrode **100A**, the second electrode **100B**, and the third electrode **100C**. An electrode signal interface circuit **204** is coupled to the input terminals **202A-C** to receive heart signals from the electrodes **100A-C**. In this example, the electrode signal interface circuit **204** includes at least one pace pulse detector circuit **206**. One example of a pace pulse detector circuit **206** is described in Yonce et al. U.S. Patent No. 6,477,404 entitled SYSTEM AND METHOD FOR DETECTION OF PACING PULSES WITHIN ECG SIGNALS, which is assigned

to Cardiac Pacemakers, Inc., and which is incorporated herein by reference in its entirety, including its description of a pace pulse detector circuit.

The pace pulse detector circuit **206** recognizes at least two distinct pace pulses, such as the bipolar atrial and ventricular pace pulses delivered by the arrangement of lead electrodes illustrated in FIG. 1. In one example, the pace pulse detector circuit **206** provides an output indicating the polarity of each detected pace pulse. A logic circuit **208** receives information about the pace pulses, such as the polarity information referred to above. The logic circuit **208** can be implemented in many different forms, such as a digital logic circuit, or as a sequence of instructions executed on a microprocessor, controller, or other processor circuit, or using any other desired combination of hardware, firmware, and/or software. In this example, the logic circuit **208** uses the polarity information to classify the pace pulses as atrial or ventricular, as discussed below. The device **200** also includes an ECG display/recorder **210**, for displaying and/or recording an ECG signal obtained from the subject. In one example, such as illustrated in FIG. 2, the display includes annotations **212** as to whether a particular pace pulse was classified as atrial or ventricular.

FIG. 3 is a flow chart illustrating generally one method of using the devices illustrated in FIGS. 1 – 2. At **300**, heart signals are received from at least three electrodes attached to the subject **102**, such as by using the electrodes **100A-C**. At **302**, electric fields associated with two distinct pacing pulses are detected. For the lead configuration illustrated in FIG. 1, the third electrode **100C** is positive with respect to each of the first electrode **100A** and the second electrode **100B**. Therefore, an atrial pacing pulse will be detected with a positive polarity along both the second ECG vector **106B** and the third ECG vector **106C**, as illustrated by the electric field lines associated with the atrial electrodes in FIG. 1. Similarly, a ventricular pacing pulse will be detected with a negative polarity along both the second ECG vector **106B** and the third ECG vector **106C**, as illustrated by the electric field lines associated with the ventricular electrodes in FIG. 1. Of course, other lead configurations (e.g., having differently oriented bipolar electrodes) could

lead to different results, but the same principles discussed in this document would still be applicable.

Continuing with respect to the lead configuration illustrated in FIG. 1, at 304 of FIG. 3, locations are assigned to the detected pace pulses using this polarity information. If a pace pulse was detected as positive in polarity along both the second ECG vector **106B** and the third ECG vector **106C**, then that pace pulse is assigned an atrial location. If a pace pulse was detected as negative in polarity along both the second ECG vector **106B** and the third ECG vector **106C**, then that pace pulse is assigned a ventricular location. One example of these location discrimination assignments, for two different pace pulses, is illustrated in Table 1. In a further example, these location assignments are used to provide annotations 212 (e.g., “A” for atrial, and “V” for ventricular) to markers indicative of the pace pulses displayed on the ECG display/recorder 210.

Table 1: Discrimination criteria when one pace has the same polarity on two ECG vectors.

Pace 1 Polarity		Pace 2 Polarity		Location Discrimination Assignments	
Vector II (106B)	Vector III (106C)	Vector II (106B)	Vector III (106C)	Pace 1	Pace 2
+	+	+	-	A	V
		-	+		
		-	-		
-	-	+	-	V	A
		-	+		
		-	-		

FIG. 4 is a schematic diagram, similar to FIG. 2, but including a depolarization detector circuit 300 to assist in providing location assignments, such

as when a pace pulse is detected as having different polarities on the second ECG vector **106B** and the third ECG vector **106C**. In this example, the depolarization detector circuit **300** includes a level detector circuit (or other suitable circuit, which may include filtering over a particular band and/or other signal processing) capable of distinguishing smaller amplitude atrial heart depolarizations from larger amplitude ventricular heart depolarizations.

FIG. 5 is a flow chart of a method for assigning locations to pace pulses, such as by using polarity information and depolarization information. At **500**, heart signals are received, such as described above with respect to **300**. At **502**, respective electric fields of two pacing pulses are detected, such as described above with respect to **302**. At **504**, depolarizations associated with the pace pulses (if any) are detected. In one example, a detected depolarization is associated with a particular pace pulse if it occurs within a predetermined or designated time interval of the pace pulse. In another example, the detected depolarization is associated with a particular pace pulse if it occurs within a predetermined or designated time interval after the pace pulse. Moreover, ventricular depolarizations can be distinguished from atrial depolarizations, as discussed above, such as by using a level detector circuit, a morphology detector circuit, or any other one of several known techniques for distinguishing between atrial and ventricular heart depolarizations. At **506**, if a pace pulse is observed with the same polarity on both the second vector **106B** and the third vector **106C**, then locations are assigned to the pace pulse using the polarity information at **508**, such as discussed above with respect to **304**. Otherwise, at **510**, locations are assigned to the pacing pulses using detected ventricular depolarizations. For example, if a pacing pulse is followed by a detected ventricular depolarization within a predetermined time period (e.g., between 15 milliseconds and 200 milliseconds, such as 100 milliseconds), then that pace pulse is deemed a ventricular pace pulse. Otherwise it is deemed an atrial pace pulse. In an alternative example, such as where the atrioventricular (AV) delay of the implanted device is known, then the AV delay is used as a maximum limit on

this predetermined time period for detecting a ventricular depolarization to distinguish a ventricular pace pulse from an atrial pace pulse.

One example of these location discrimination assignments, for two successive pace pulses (where each pace pulse is observed with different polarities on the second vector **106B** and the third vector **106C**) is illustrated in Table 2.

Table 2: Discrimination criteria using ventricular depolarization (e.g., R-wave) detection

Pace 1 Polarity			Pace 2 Polarity			Location Discrimination Assignments	
Vector II (106B)	Vector III (106C)	R-wave after pace?	Vector II (106B)	Vector III (106C)	R-wave after pace?	Pace 1	Pace 2
+	-	Yes	-	+	No	V	A
+	-	No	-	+	Yes	A	V
+	-	Yes	-	+	Yes	Indeterminate	
+	-	No	-	+	No	Indeterminate	

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FIG. 6 is a flow chart illustrating generally, by way of example, but not by way of limitation, an example of a method for discriminating between pace pulses. At 600, the method is initiated in an “indeterminate” state with respect to any pace pulse locations. At 602, the method includes waiting for a detected pace pulse. At 604, a determination is made (e.g., using polarity) of whether two different pace pulses have been detected. If one of the detected pace pulses displays a different polarity characteristic—on at least one of the vectors **106**—from the other detected pace pulse, then these two detected pace pulses are deemed different. If the two pace pulses are not different at 604, then, at 606, the pace polarity is stored and the detected pace is deemed indeterminate. If the pace pulse (or a marker indicative of a pace pulse) is being displayed on an ECG monitor, then that pulse or marker is either not labeled with location annotations, or is labeled as indeterminate. Then, at 608, it is noted whether a ventricular depolarization (e.g., an R-wave) occurs within

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a predetermined time period of the pace (e.g., within 50 milliseconds after the pace), before process flow returns to the indeterminate state at **600**.

At **604**, if two different pace pulses have been detected, then, at **610**, it is determined whether the most recently detected pace has been assigned to an atrial location or to a ventricular location, such as by using the polarity discrimination techniques discussed above. If no such location has been assigned, then, at **612**, the pace is assigned to either an atrial location or to a ventricular location, such as by using the polarity technique discussed above. If the polarity technique yields an indeterminate location assignment (e.g., such as illustrated in Table 2) then process flow returns to the indeterminate state at **600**. Otherwise if, at **614**, using the polarity-based location assignment technique discussed above, the most recently detected pace pulse can be classified consistently with the location assignments for previous paces, then, at **616**, a display of the pace pulse (or a marker indicative of the pace pulse) is provided with annotation **212** indicating the atrial or ventricular location of the pace pulse, and process flow returns to **602** to wait for another detected pace. Otherwise, at **618**, input “noise” is deemed to exist, the previous location assignments are cleared, and the incoming pace is marked as indeterminate, and process flow returns to the indeterminate state at **600**.

The lead configuration illustrated in FIG. 1 used bipolar pacing leads, that is, a lead with electrodes that are relatively close to each other (e.g., ring and tip), for delivering a pace pulse therebetween. However, cardiac rhythm management systems are also typically capable of pacing in a “unipolar” mode. More particularly, the intravascular leads are typically connected to a pectorally or abdominally implanted cardiac rhythm management device including a housing. This housing may include a housing electrode. In unipolar mode, pace pulses are typically delivered using this housing electrode as an anode and a cathode located in or near the heart, such as one of the ring or tip electrodes illustrated in FIG. 1. This typically produces large negative pacing pulses detected on the second ECG vector **106B** and the third ECG vector **106C**—regardless of whether the electrodes located within the heart **104** are located in an atrium or a ventricle. Therefore, in unipolar

pacing mode, polarity information alone is typically insufficient to discriminate between atrial and ventricular pace pulses.

Moreover, certain other pacing therapies, such as to treat congestive heart failure (CHF), may include a lead placed in association with a left ventricle, such as to resynchronize or coordinate left and right ventricular contractions. Instead of using the intracardiac lead placement of FIG. 1, which positions the leads 108 and 110 in a right atrium and a right ventricle, respectively, left ventricular leads are typically not introduced directly into the left ventricle heart chamber. Instead, the left ventricular lead is typically introduced within a blood vessel (e.g., the coronary sinus and/or great cardiac vein) that is very close to the left ventricle. Because the cardiac vasculature can vary from patient to patient, the polarity of bipolar left ventricular pacing pulses (e.g., detected on the second ECG vector 106B and the third ECG vector 106C) can be difficult to predict. Moreover, adding a third (e.g., left ventricular) pacing electrode to first and second (e.g., right atrial and right ventricular) pacing electrodes will increase the difficulty of distinguishing between pacing pulses delivered to these different locations (e.g., right atrium, right ventricle, and left ventricle).

To accommodate unipolar pacing and/or bi-ventricular pacing—or various other more complicated pacing modalities—the external device 200 of FIG. 2 includes a pacing pulse detector circuit 206 that is capable of providing one or more other characteristics of pace pulses that are capable of distinguishing between pace pulses delivered to different locations. For example, by sampling the ECG data obtained from the electrodes 100A-C at a sampling rate of at least 60kHz, an amplitude and/or a pulsewidth of pace pulses can be measured by the pacing pulse detector circuit 206. Moreover, polarity information may also be obtained, such as discussed above. Furthermore, the pace pulse detector circuit 206 can be used in combination with the depolarization detector circuit 300 to provide further characterizing information—such as a time difference between a pace pulse and a depolarization occurring soon (e.g., within a predetermined time period) before and/or after the pace pulse. The characterizing information (e.g., polarity,

amplitude, pulsewidth, time difference with respect to a heart depolarization, etc.) can be used to recognize and distinguish between different classes of paces.

FIG. 7 is a flow chart illustrating generally, by way of example, but not by way of limitation, one method of classifying pace pulses into distinct classes using characterizing information, and then computing location assignments for the distinct classes. At **700**, heart signals are received, such as from external electrodes **100A-C** of FIG. 1, as described above. At **702**, pace pulses are detected from the heart signals, such as by using the pace pulse detector circuit **206**, as described above. At **704**, any heart depolarizations associated with the pace pulses are detected, such as by using the depolarization detector circuit **300**, as described above. In one example, a detected depolarization is deemed to be associated with a particular pace pulse if it occurs within a predetermined time interval of the pace pulse. In another example, the detected depolarization is deemed to be associated with a particular pace pulse if it occurs within a predetermined time interval after the pace pulse. Moreover, ventricular depolarizations can be distinguished from atrial depolarizations, as discussed above, such as by using a level detector circuit, a morphology detector circuit, or any other one of several known techniques for distinguishing between atrial and ventricular heart depolarizations.

At **706**, characterizing information is obtained. As discussed above, this may include detecting at least one of a pace pulse amplitude, a pulsewidth of a pace pulse, and/or a polarity of a pace pulse. It may also include measuring a time difference between a pace pulse and an associated (earlier or later) depolarization. Information about the type of depolarization (e.g., atrial or ventricular) is available, as discussed above, such as by using a level detector circuit, a morphology detector circuit, etc.

At **708**, the pace pulses are classified into distinct classes using the characterizing information. For example, a cardiac rhythm management device may be programmed to output an atrial pulse amplitude of 2.0 Volts, and a ventricular pulse amplitude of 3.5 Volts. By recognizing that 2.0 Volt pace pulses are different than 3.5 Volt pace pulses, different classes of pace pulses are therefore obtained.

Similarly, cardiac rhythm management device may be programmed to output a right ventricular pace pulse having a pulsewidth of 0.5 milliseconds and a left ventricular pace pulse having a pulsewidth of 0.7 milliseconds. By recognizing that 0.5 millisecond pulses are different from 0.7 millisecond pulses, different classes of pace pulses are therefore obtained. In another example, for a CHF patient with a cardiac rhythm management device delivering pacing pulses to both right and left ventricles to coordinate their respective contractions, a time difference between a right ventricular pacing pulse and its associated ventricular depolarization may be different from a time difference between a left ventricular pacing pulse and its associated ventricular depolarization. Moreover, the time differences between right and left ventricular pacing pulses and their associated ventricular depolarization will be different from the time difference between an atrial pacing pulse and the ventricular depolarization associated with the left and right ventricular pacing pulses. These time differences can be used to distinguish between the right and left ventricular pace pulses. (However, it may not necessarily allow determination of which pace originated in the right ventricle and which pace originated in the left ventricle). Similarly, these time differences can be used to distinguish between the right and left ventricular pace pulses and an atrial pace pulse. Therefore, the time differences permit the right and left ventricular pace pulses and the atrial pace pulse to be classified into separate and distinct classes at 708. At 710, location assignments (e.g., V1, V2, and A) of the distinct classes are computed, At 712, pace pulses are annotated on the display using the computed location assignments.

For bi-ventricular pacing, one example of computing the location assignments at 710 is described in Table 3.

Table 3: Discrimination criteria for multi-site (e.g., biventricular) pacing

R-wave within 100ms?			Pacing Pulse Assignments		
Pace 1	Pace 2	Pace 3	Pace 1	Pace 2	Pace 3
No	No	No	Invalid		
No	No	Yes	Invalid		
No	Yes	No	Invalid		
No	Yes	Yes	A	V1	V2
Yes	No	No	Invalid		
Yes	No	Yes	V1	A	V2
Yes	Yes	No	V1	V2	A
Yes	Yes	Yes	Invalid		

5 In Table 3, detection of a ventricular depolarization (e.g., an R-wave) within a predetermined time period (e.g., 100 milliseconds) either before or after a pace pulse of a particular class is delivered, identifies pace pulses of that class as being associated with a ventricle. For such ventricular pace pulses, the characterizing information distinguishes the pace pulses as being delivered at two different

10 ventricular locations (e.g., V1, V2): In one example, the pace pulses, or corresponding markers, are annotated with corresponding identifiers. In another example, the display provides other useful information such as, for example, the number of distinct classes of pacing pulses that were detected (e.g., “three different classes of pacing pulses were detected”).

15 FIG. 8 is a flow chart illustrating generally, by way of example, but not by way of limitation, one method of discriminating between pace pulses—including for biventricular pacing. At 800, the method is initiated in an “indeterminate” state with respect to any pace pulse locations. At 802, the method includes waiting for a detected pace pulse. At 804, a determination is made (e.g., using the characterizing

20 information discussed above) of whether three different pace pulses have been detected. If not, then a determination is made at 806 (e.g., using the characterizing

information discussed above) of whether two different pace pulses have been detected. If not, then characterizing information (e.g., amplitude, pulsewidth, etc.) is stored at **808**, and the pace pulse is displayed with an “indeterminate” annotation. Then, at **810**, it is noted whether a ventricular depolarization occurred within a
5 predetermined time period (before or after) of the pace pulse, before returning to the indeterminate state **800**.

At **804**, if three different pace pulses were detected, then, at **812**, it is determined whether the three distinct classes of pace pulses that are defined by these three different pace pulses have been assigned locations (e.g., atrial, ventricular,
10 etc.). If not, then at **814**, location assignments are computed, such as described above, using Table 3. If, at **814**, the location assignment is invalid or indeterminate (as described in Table 3), then process flow returns to the indeterminate state at **800**. If, at **814**, valid locations can be assigned, such as by using Table 3, then process flow proceeds to **816**. At **816**, subsequently detected pace pulses are each matched
15 to one of the distinct classes, for obtaining the location assignment for that particular class. At **818**, such matched paces are annotated with the appropriate location information for display. If, at **816**, subsequently detected paces do not match the distinct classes (e.g., the amplitude has changed, the pulsewidth has changed, etc.), then at **820**, input “noise” is deemed to exist. In response, the distinct classes and
20 location assignments are cleared, the anomalous pace is marked for display as “indeterminate,” and process flow returns to the indeterminate state at **800**.

At **804**, if three different paces have not been detected (after detecting at least three paces), and at **806**, two different paces have been detected, and at **812** the two different types of paces have not already been assigned location information,
25 then, at **814**, such location information is assigned using any technique appropriate for distinguishing the locations of two different types of pace pulses—for example, the technique described in Table 2, above.

The above examples have been discussed with respect to an external device that operates independently of the implanted device. For example, an external ECG
30 monitor typically operates independently from the implanted device (e.g., without

any communication with or information about the implanted device). However, the above systems, devices, and methods are also useful for an external device that does not operate independently of the implanted device. One such example is an external programmer that telemetrically communicates with an implanted device.

5 In an embodiment where the external device is capable of obtaining information about the implanted device, then the above systems, devices, and methods can be modified to incorporate the use of such information. In one example, the external device is aware that the right ventricular pacing pulse is programmed to a different amplitude than the left ventricular pacing pulse, and can
10 recognize such different characterizing information as discussed above, then the display can appropriately annotate the ventricular pace pulses with more specific information (e.g., RV and LV rather than V1 and V2). In another example, if the external device is a programmer that communicates with the implanted device to change its pulsewidth, amplitude, and/or other characterizing features, then the
15 present systems, devices, and methods may use that information, thereby reducing the need to declare input “noise” and improving the ability to detect and identify pace pulses with greater specificity.

 It is to be understood that the above description is intended to be illustrative, and not restrictive. For example, the above-described embodiments may be used in
20 combination with each other. Many other embodiments will be apparent to those of skill in the art upon reviewing the above description. The scope of the invention should, therefore, be determined with reference to the appended claims, along with the full scope of equivalents to which such claims are entitled. In the appended claims, the terms “including” and “in which” are used as the plain-English
25 equivalents of the respective terms “comprising” and “wherein.” Moreover, in the following claims, the terms “first,” “second,” and “third,” etc. are used merely as labels, and are not intended to impose numerical requirements on their objects.